

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF
COMMITTEE (in full)☐(Check if name
is changed)Example: If typing, type
over the lines

12FE4M5

COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION (LETTER CARRIERS POLI-
TICAL ACTION FUND)

ADDRESS (number and street)

100 INDIANA AVE., N. W.

☐(Check if address
is changed)

WASHINGTON

DC

20001

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

sclafani@nalc.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2027371540

2. DATE

M M
1 1/ D D
0 9/ Y Y Y Y
2 0 0 5

3. FEC IDENTIFICATION NUMBER

C C00023580

4. IS THIS STATEMENT

☐

NEW (N)

OR

☒

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

Mr. Norman C. Le Frois

Signature of Treasurer

Electronically Filed by

Mr. Norman C. Le Frois

Date

M M
0 9/ D D
2 0/ Y Y Y Y
2 0 0 6

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 02/2003)

Write or Type Committee Name

COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION (LETTER CARRIERS POLITICAL ACTION FUND)

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **E JANE BROENDEL**

Mailing Address **5342 BLACK OAK DRIVE**

FAIRFAX **VA** **22032** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

CUSTODIAN **202** **662** **2821**

Telephone number - -

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Mr. Norman C. Le Frois**

Mailing Address **135 Dierdre Drive**

Rochester **NY** **14617** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Telephone number - -

Full Name of Designated Agent

Mailing Address

CITY ▲ **STATE ▲** **ZIP CODE ▲**

Telephone number - -

Name of Bank, Depository, etc.

Mailing Address

CITY ▴

STATE ▴

ZIP CODE ▴